

**GOVERNOR MALLOY, LT. GOVERNOR WYMAN RECOGNIZE
IMPROVEMENTS TO HEALTH CARE IN STATE THROUGH
FEDERAL AFFORDABLE CARE ACT**

Governor Dannel P. Malloy and Lt. Governor Nancy Wyman today recognized the two-year anniversary of the enactment of the federal Affordable Care Act (ACA) by noting the significant health care improvements the act has brought to Connecticut residents.

“The Affordable Care Act gives our hardworking families the health care security they deserve,” Malloy and Wyman said. “It not only holds insurance companies more accountable, but also makes solid investments in efforts to promote public health, prevent disease and protect against public health emergencies.”

Malloy and Wyman said the act has improved health care for Connecticut residents by:

Supporting Connecticut’s Health Insurance Exchange

Connecticut has received \$7.6 million in grants for research, planning, information technology development, and implementation of its Health Insurance Exchange, which is chaired by Lt. Governor Wyman. The 14-member exchange is a quasi-public agency which by 2014 will offer individuals a variety of coverage options.

The funding includes:

- ***\$1 million in Planning Grants:*** This grant provides Connecticut the resources needed to conduct the research and planning necessary to build a better health insurance marketplace and determine how its exchange will be operated and governed.
- ***\$6.6 million in Exchange Establishment Grants:*** This grant will help the state continue its work to implement key provisions of the Affordable Care Act.

Providing new coverage options for young adults

Health plans are now required to allow parents to keep their children under age 26 without job-based coverage on their family’s coverage. As of June 2011, 20,090 young adults in Connecticut gained insurance coverage under this provision.

Making prescription drugs affordable for seniors

Under the ACA, 42,224 people with Medicare in Connecticut received a \$250 rebate to help cover the cost of their prescription drugs when they hit the so-called “donut hole” in 2010. In 2011, 37,701 people with Medicare received a 50 percent discount on their covered brand-name prescription drugs when they hit the donut hole. This discount resulted in an average savings of

\$654 per person, and a total savings of \$24,661,193 in Connecticut. By 2020, the law will close the donut hole.

Covering preventive services with no deductible or co-pay

In 2011, 422,154 people with Medicare in Connecticut received free preventive services – such as mammograms and colonoscopies – or a free annual wellness visit with their doctor. And 54 million Americans with private health insurance gained preventive service coverage with no cost-sharing - including 710,000 in Connecticut.

Providing better value for premium dollars through the 80/20 Rule

Under the ACA, insurance companies must provide consumers greater value by spending generally at least 80 percent of premium dollars on health care and quality improvements instead of overhead, executive salaries or marketing. If they don't, they must provide consumers a rebate or reduce premiums. This means that 1,024,000 Connecticut residents with private insurance coverage will receive greater value for their premium dollars.

Scrutinizing unreasonable premium increases

Insurance companies are required under the ACA to publicly justify their actions if they want to raise rates by 10 percent or more. Connecticut has received \$1 million under the new law to help fight unreasonable premium increases.

Removing lifetime limits on health benefits

The law bans insurance companies from imposing lifetime dollar limits on health benefits – freeing cancer patients and individuals suffering from other chronic diseases from having to worry about going without treatment because of their lifetime limits. Already, 1,386,000 residents, including 525,000 women and 367,000 children, are free from worrying about lifetime limits on coverage. The law also restricts the use of annual limits and bans them completely in 2014.

Creating new coverage options for individuals with pre-existing conditions

As of the end of 2011, 163 previously uninsured residents of Connecticut who were locked out of the coverage system because of a pre-existing condition are now insured through a new Pre-Existing Condition Insurance Plan that was created under the new health reform law.

Preventing illness and promoting health

Since 2010, Connecticut has received \$23.8 million in grants from the Prevention and Public Health Fund created by the Affordable Care Act. This new fund was created to support effective policies in Connecticut, its communities, and nationwide so that all Americans can lead longer, more productive lives.

Increasing support for community health centers

The ACA increases funding available to community health centers in all 50 states - including the 182 community health centers in Connecticut. Health centers in Connecticut have received \$34.6 million to create new health center sites in medically underserved areas, enable health centers to increase the number of patients served, expand preventive and primary health care services, and support major construction and renovation projects.

Examples of ACA grants not outlined above to Connecticut include:

- **\$1.2 million for health professions workforce demonstration projects**, which will help low income individuals receive training and enter health care professions that face shortages.
- **\$2 million to help Connecticut reduce health care fraud** by identifying efficient and effective procedures for long-term care facilities to conduct background checks on prospective employees.
- **\$2.5 million for school-based health centers**, to help clinics expand and provide more health care services such as screenings to students.
- **\$350,000 to support outreach to eligible Medicare beneficiaries** about their benefits.
- **\$500,000 to support Aging and Disability Resource Centers (ADRCs)**. ADRCs help seniors, people with disabilities, and their families understand and evaluate their long-term care options, including those available in their community.
- **\$191,000 for Family-to-Family Health Information Centers**, organizations run by and for families with children with special health care needs.
- **\$832,000 to support the Personal Responsibility Education Program**, to educate youth on both abstinence and contraception for the prevention of pregnancy and sexually transmitted infections, including HIV/AIDS.
- **\$700,000 for disease demonstration projects**, to test approaches that may encourage behavior modification among Medicaid beneficiaries.
- **\$1.9 million for Maternal, Infant, and Early Childhood Home Visiting Programs**. These programs bring health professionals to meet with at-risk families in their homes and connect families to the kinds of help that can make a real difference in a child's health, development, and ability to learn - such as health care, early education, parenting skills, child abuse prevention, and nutrition.
- **\$4 million from the Pregnancy Assistance Fund** to provide pregnant and parenting teens and women with a seamless network of supportive services to help them complete high school or postsecondary degrees and gain access to health care, child care, family housing, and other critical support.